CDC Town Hall Teleconference on
Colorectal Cancer Screening, Incidence, and Mortality
Q & A Transcript

July 12, 2011
2:00pm – 3:00pm EST

Mamie Jennings Mabery: Thank you everyone for excellent presentations. In just a moment we're going to have the Operator open all the lines, but as a courtesy to everyone on the call we ask that each of you mute your phone by pressing star 6 when you are not speaking. Thank you very much.

So Operator can you now please open the lines.

Coordinator: At this time all lines are open.

Mamie Jennings Mabery: So now I would like to turn it over to Dr. Monroe for her initial comments and thoughts on how we can better address this problem. She'll kick off the discussion.

Judy Monroe: Well thanks. And I got to tell you as I listened to all the presentations today I could hardly contain my excitement. Let me just start by congratulating all of you. You are using systems I just am thrilled and please pass on to Dr. Montero my excitement about using the health alert network and existing systems in infectious disease for chronic disease. This is excellent. Just absolutely excellent work.

And I'm not surprised you got a little pushback from the infectious disease doc that wasn't interested. We tried some messaging in Indiana out to providers and I think whenever you're navigating new waters there's going to be pushback from somebody. You can't make everybody happy. But boy, what a win. What a terrific approach.

So I'm just really, really excited to hear what's been on the phone today. And then the FITWAY Alabama, I mean the work that you all are doing in reaching out and going where the people are, to the games, to the movies, doing the academic detailing, the electronic health records, it's just - this is exactly where we need to go with chronic disease.

And we've got to be - Dr. Plescia said, you know, in terms of talking about organized systems if we're not using our systems to move things forward we really are - we're not going wholesale. We're not putting the power behind the work that we need to do. So actually I am just thrilled and I hope everybody on the call is actively thinking about how you adopt these practices that you've heard today.

So I'm going to just leave it at that and let's see what questions we have.

Mamie Jennings Mabery: Great, thank you Dr. Monroe. So we've got about 15 minutes for questions for our presenters. Does anybody have a question for Dr. Plescia or any of our state speakers?

Judy Monroe: And if others don't have - I'll kick off with a question for really all the speakers. I think you heard this in the presentations, but you know, I'd like to hear maybe a little deeper dive in it. Because you guys made it sound almost a little too easy. So maybe you could speak to the greatest challenges or frustrations that you've had as you've advanced this work.

Sharon Alroy-Preis: I can start. This is Dr. Alroy-Preis. I'm an infectious disease physician so I knew sending a Healthy Insights using a system that is really based on infectious disease system would be a challenge. I have to say that I was surprised that only one provider pushed back.

We had a lot of concerns about that. But the amount of what was even more surprising to me that it got somehow to people who are not on the list. And they asked to joined after getting the colorectal cancer message. I think we are still in the process of trying to see how to change our system to be able to capture more chronic disease providers, more - we do have family physicians, we do have primary care providers on the list.

But I think people are so used for the HAN messages to contain infectious disease alerts that trying to get more people to pay attention to chronic diseases is challenging. But I think we are still in the process of making sure that all the right people are on the list are getting those messages.

Mamie Jennings Mabery: Thank you very much. Susan or Kathryn, would you like to chime in?

Susan Kuhn: Sure. This is Susan. I was just going to say that we had a little bit of a challenge getting the free colonoscopy program off the ground. Once we did it's just on - its gone gangbusters. I will say that it has been a challenge to use the patient navigation system because we are such a small staff.

Two of the five people on our staff with the grant are our patient navigators and they are absolutely wonderful about - to get the 375 folks screened that we have screened to date requires about eight phone calls per patient per navigator. So it's very intense work to guide folks through the process.

You know, often English is a second language or not even a language that is spoken in the home. There are transportation issues. There are other barrier issues and I think one of our huge successes has been that we have had zero no-shows for the free colonoscopies.

And only a very limited handful of folks who didn't quite meet the prep - the quality of prep that the GI docs look for. So it's been challenging but at the

same time it's been incredibly successful. And we are reaching those populations that otherwise would not have the opportunity to have this screening.

Judy Monroe: Thank you. Kathryn?

Kathryn Chapman: Hi. I think probably one of the biggest learning curves for us was to understand the level of expertise that the physicians had concerning the FIT since it's a relatively new test. Doing a survey to find out the experiences about screening that physicians had was probably the most helpful thing that we did and it was very surprising for us how few physicians knew about the FIT.

And it helped us really understand what a tall order we had. Working with the manufacturers was a surprisingly enlightening because they're the ones that go into the doctors' offices to sell the test. And they helped us understand one of the largest barriers that Alabama is facing right now and we're working to change - to try to see if we can figure out how to make this easier on the doctors.

But the FIT is not being reimbursed to all doctors by insurance companies. Some doctors are able to be reimbursed and other doctors are not able to be reimbursed based on their laboratory status. And we did not know this. And doctors had come to us and said I would love to do the FIT but I can't get reimbursed for it.

And we were very puzzled about that. And it took us about a year to try and figure out what this particular puzzle was and why doctors could not get reimbursed when they would screen with the test.

And so by working with the manufactures of the test we were able to learn some things that we didn't realize that they were a key part of the puzzle. And they've been very, very helpful that way. So we found out that we - there was a lot about colorectal cancer screening that we just knew nothing about and jumping in headfirst and just trying to learn as much as we could about it has taught us a lot that we didn't know when first started with the grant.

I guess that's been the most interesting thing about the project for us.

Judy Monroe: This is Judy Monroe again. That's really - those were really insightful comments that you made. In a previous life I directed a residency program and I will tell you, never make assumptions regarding the providers and the physicians and what their knowledge base is and/or what's being applied.

You know, there's a lot - there's an overwhelming amount of information that physicians need to learn and unless systems are put in place - that's why I was excited to hear about the electronic health record and the reminder systems. Physicians need reminders and then of course the reimbursement issue is a barrier. And understanding that is important.

So you do need to do a deeper dive, but yes, never make assumptions I guess about any profession. We all need to learn and need help and support in what we do.

Dr. Plescia, you were mentioning how state and local health departments can work with Medicaid and perhaps having more discussion around that. Can you pose a question there?

Marcus Plescia: Yes sure. I mean I think - let me just give an overview. I think that the reason why we think there's so much opportunity with - to work with Medicaid it is because they're going to be substantially - there's going to be a substantial

increase in Medicaid enrollment with some of the provisions of health reform and, you know, that tends to be the population of low income, you know, somewhat difficult to reach populations that we're so focused on in public health.

And then we also think this is Medicaid is another program that's a state program that's often with in sort of the same health departments broader categories that public health is in. You know, there are hopefully some opportunities to work with them in more of a collegiate way.

And the idea was to really look at ways of rather than just, you know, sitting and waiting for patients to present in doctors' offices and then the doctor offers them a colorectal cancer screening, looking for ways to identify who those patients are on the Medicaid roles and reach out to them directly and encourage them either to come in for care or possibly even experiment with sending them - doing things like sending them fecal occult blood tests in the mail.

So we do realize that there are some significant barriers to this and I guess maybe I could pose a question around that. You know, most state Medicaid programs are in pretty bad shape right now because of the state budgets. And add to that the fact that you suddenly have so many more enrollees coming in with health reform, that's probably going to tax them even further.

So I guess I'd like to hear if anybody wants to comment on, you know, any successes that folks have had in partnering with Medicaid on this or anything else. And what the things are that help make some of those things go forward.

Kathryn Chapman: This is Kathryn. One of the things that we found out in speaking with Medicaid is that they have a program called Patient First, which has social workers in the Public Health Department. And that excited us because the

social workers are paid for in part by Medicaid and in part by the Public Health Department. And we saw that as an opportunity to use those social workers to find medical homes for people who have come to us to find a way to get a colorectal cancer screening.

And if someone - if we would direct someone - if we would direct one of our people who called to us and said that they needed to get a colorectal cancer screening that we can partner with the Patient First program that's already in place with social workers in the Public Health Department. Direct them to one of those social workers and have them either find someone who could direct them to a federally qualified healthcare center or to someone in the community who could help them get a colorectal cancer screening.

We thought that social work component and that patient navigation component would be an excellent partnership that's already in place through Medicaid.

Mamie Jennings Mabery: Anyone else in working with Medicaid - successes or lessons learned or a question.

Kathryn Chapman: Hello, this isn't regarding Medicaid but Kathryn Chapman had mentioned the CDC logic model. I guess it's a logic model to kind of help guild people to increasing cancer screening. I was wondering if there was access to a copy of that or maybe that's on your Web site?

Mamie Jennings Mabery: Dr. Plescia, can you speak to that?

Marcus Plescia: Yes, you know, I think it's on the Web site. But if you'd like to just email me. I'll make sure that we get that to you directly. My email is I like in Italy, F like in France, S like in Spain, the number 1 IFS1@CDC.gov.

Mamie Jennings Mabery: Okay well we are coming close to our time. Thank you everyone for participating on the call. Dr. Monroe, do you have a couple of final comments? Tell people how they can provide feedback for this call?

Judy Monroe: Sure, well again, thanks everybody. This was really good call. One thing just in response to the logic model, I think that's something we can provide on our website for the - relationship to this call as well. Because you'll hear more about that in a minute.

I think this last discussion I think there really is that interesting tension between the work of increasing the uptake of screening and then having the resources on the back end to actually manage that increase in demand. So the supply demand that always gets us sometimes into that moment of tenseness I guess.

But I thought I had too in terms of trying to encourage people to come and I won't ask this as a question since we're coming to the end, but pose it as an idea. Is also having the public figure at the local level or at the state level or whatever makes sense that is willing to potentially tell a personal story and be an example. That can sometimes be a very powerful way to encourage the public to seek screenings and make it acceptable and so forth.

So I just offer that up as an idea because I've seen that work in some other scenarios. But otherwise I think this was just a terrific call and we're here to support.

Mamie Jennings Mabery: Thank you Dr. Monroe. So if everyone will look at the last slide, excuse me the next to the last slide in your PowerPoint presentation, this is where you can find a number of links to help you integrate *Vital Signs* into your website and social media channels at no cost to you. You can see there

that you can become a fan on Facebook, you can follow us on Twitter. You can syndicate *Vital Signs* so that it automatically appears and updates on your website for free. And you can download interactive buttons and banners for use on your site.

On the last slide is a link for you to email us your feedback. We do want to hear your feedback on how we can improve these future teleconferences. So thank you for everyone joining us today. Especially our speakers, Susan Kuhn and Doctors Marcus Plescia, Kathryn Chapman, and Sharon Alroy-Preis. Everyone who participated on the call today. Please do join us again next month on August 9, when we'll be discussing childhood obesity. Thank you very much.

Judy Monroe: Thank you.

Coordinator: Thank you. This does conclude today's conference call you may disconnect your lines. Have a great afternoon.